

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 530570	RECEIPT DATE:	05 / 03 / 00
IA NUMBER:	PCT/ CH97 / 00426	IA FILING DATE:	11 / 07 / 97
FAMILY NAME:	RITTER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	RUDOLF	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	<i>N</i>	PRIORITY DATE:	<i>01 / 00 / 00</i>
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PM 268771	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2028613527
			FAX

NAME: PILLSBURY MADISON & SUTRO

STREET: 1100 NEW YORK AVENUE
NINTH FLOOR

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 200053918

EMAIL:

APPLICATION TITLES:

clearing
BILLING METHOD IN A TELECOMMUNICATION SYSTEM

TAB TO LAST POSITION, PUSH SEND



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/530,570	FILING DATE 05/03/2000 RULE -	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. 268771
------------------------------------	---	---------------------	-------------------------------	--------------------------------------

APPLICANTS
 RUDOLF RITTER, ZOLLIKOFEN, SWITZERLAND;

**** CONTINUING DATA *******
 THIS APPLICATION IS A 371 OF PCT/CH97/00426 11/07/1997
Yes srm

**** FOREIGN APPLICATIONS *******
None srm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/09/2000** -

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>srm</i> Examiner's Signature Initials	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 1	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
--	--	--	----------------------------	---------------------------	--------------------------------

ADDRESS
 -
 PILLSBURY MADISON & SUTRO
 1100 NEW YORK AVENUE N W
 NINTH FLOOR EAST TOWER
 WASHINGTON ,DC 20005-3918

TITLE
 CLEARING METHOD IN A TELECOMMUNICATION SYSTEM

FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---